



12-30-04

15w 2603

Response To Office Action  
Pat. App. Serial No. 09/676,296  
Attorney Ref. No. 32156.0005  
Page 1

*Fee only*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

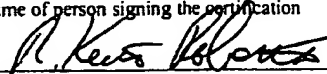
In re Patent Application of Boerner  
Serial No.: 09/676,296  
Filed: September 28, 2000  
For: Emotive Index Corresponding To A Message  
Examiner: M.J. Sked.  
Group Art Unit: 2655

**RESPONSE TO OFFICE ACTION DATED JUNE 29, 2004**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

An office action dated June 29, 2004 (the "Office Action") was received and reviewed. In response to the Office Action, applicant submits the following claim amendments, which start on page 2, and remarks, which start on page 19.

"Express Mail" Mailing Label Number <u>ER 952427920 US</u>	
Date of Deposit <u>December 29, 2004</u>	
I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.	
<b>R. Kent Roberts</b>	
Name of person signing the certification	
	<u>December 29, 2004</u>
Signature of person signing the certification	Date

**BEST AVAILABLE COPY**

03/25/2005 AFORD1 00000005 002442 09676296

01 FC:2201 100.00 DA

02 FC:2202 775.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09-676296

## CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	45 minus 20 =	25
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	345.00			690.00
X\$ 9=	225.00		X\$18=	
X39=	39.00		X78=	
+130=			+260=	
TOTAL	629.00		TOTAL	

If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	76	45	31
Independent	5	4	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
X\$ 9=	75		X\$18=	
X39=	100		X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.